



## Payment Policy:

# HCPCS and CPT Coding Requirements for Outpatient Claims (Commercial)

Effective Date: 2/01/2021

Number: RP20200002

### Reimbursement Guideline

Disclaimer: EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth’s policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

### Policy Statement:

Health Care Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) codes are required on outpatient claims as indicated below. Outpatient claims for services that are billed without the required HCPCS and/or CPT code(s) will not be paid; and returned to the provider for proper resubmission. *This only applies to EmblemHealth members with commercial plans.*

The table below contains a list of revenue codes that require a HCPCS/CPT procedure code(s) when billed on outpatient claims, UB04.

***To access the codes, please download the policy to your computer, then click on the paperclip icon within the policy***

	<b>Revenue Codes <u>requiring</u> HCPCS/CPT Procedure Code</b>
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### References

1. National Uniform Billing Committee (NUBC) 2010 Manual: <http://www.nubc.org>

### Revision history

DATE	REVISION
11/2020	<ul style="list-style-type: none"> <li>• New Policy</li> </ul>